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** CONTINUING DATA *****
none/D.H.

** FOREIGN APPLICATIONS *****
none/D.H.

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> <i>Examiner's Signature</i>	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 140	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
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TITLE
 SEMI-PERMANENT CANAL HEARING DEVICE

FILING FEE RECEIVED 1538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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